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LICENSE NUMBER	: 048400002		CITY OR TOWN	1 HALIFAX	
APPLICATION FOR	RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	IN SEASON RES	TAURANT INC.			
DOING BUSINESS	A BR'S MONPON	SETT INN			
ADDRESS 550 MON	NPONSETT ST.				
CITY/TOWN: HAL	JFAX	STATE: MA	ZIP CODE:	02338	
MANAGER: LATI	NI, GEORGE TY	PE OF LICENSE: Re	estaurant (CATEGORY:	All Alcohol
EMAIL ADDRESS:					
Ī	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR I	EMAIL ADDRESS		_
DESCRIPTION OF I					
CONSISTING OF O					
I hereby certify and s	wear under penalties	s of perjury that:			
1. the renewe	ed license will be of	the same type for the	e same premises no	w licensed;	
2. the license	ee has complied with	n all laws of the Com	monwealth relating	to taxes; and	
3. the premis	ses are now open for	business (If not exp	lain below)		
SIGNED BY	Individual, Partner	r or Authorized Corp	orate Officer		
DATE:	TELEPHON	IE NUMBER:	EMPLOYI	ER IDENTIFICAT	ION NUMBER:
			(Note: NOT I	ndividual Social S	ecurity Number)
We the undersigned	l attact that we amo	o in magaagian (1) 41	a contificate meani	wad by Chant	on 201 of the
Acts of 2004, signed					
named license and (of 2010.	(2) the certificate of	f liquor liability ins	urance required by	y Chapter 116	of the Acts
Please Check Below:			LOCAL LICEN	ISING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:	:)				
(If disapproved expla	.111)				
DATE:					
APPLICATION FOR RENEW	AL MUST BE FILED BY I	LICENSEES DURING THE 1	MONTH OF NOVEMBER ((M.G.L. Ch. 138 \$ 16	5A)



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LICENSE NUI	MBER: 048400004		CITY OR TOWN	HALIFAX
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
	AME: HALIFAX INVEST			
ADDRESS 100	O COUNTRY CLUB DRIV	'E		
CITY/TOWN:	HALIFAX	STATE: MA	ZIP CODE:	02338
MANAGER:	PECK, JOSEPH G. TYP	'E OF LICENSE:Re	staurant C	ATEGORY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION	N OF LICENSED PREMIS	SES:		
FLOOR; BANG AND KITCHE	LIQUOR STORAGE ROO QUET HALL,LOUNGE,B. N. 3 ENTRANCES. 3RD I HAS PATIO DECK,LOU	AR,ONE PORTABI LEVEL;BRIDESRO	LE BAR,RESTROOM OM AND 2 RESTR	MS COATROOM OOMS. SUNDECK.
I hereby certify	and swear under penalties	of perjury that:		
1. the	renewed license will be of t	the same type for the	same premises now	licensed;
	licensee has complied with		_	o taxes; and
3. the 1	premises are now open for	business (If not expl	ain below)	
SIGNED BY	Individual, Partner	or Authorized Corpo	orate Officer	
DATE:				
DATE.	TELEPHONI	E NUMBER:		R IDENTIFICATION NUMBER: lividual Social Security Number)
			(*************************************	irridual Boeiai Beeding Trainber)
Acts of 2004,	signed, attest that we are signed by the building ins e and (2) the certificate of	pector and the hea	d of the fire departi	ment for the above
Please Check Belo	ow:		LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	expiaiii)			
DATE:				



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LICENSE NUME	BER: 048400007		CITY OR TOWN HALIFA	ιX
APPLICATION I	FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAM	IE: HAWAII GAI	RDEN INC.		
DOING BUSINE	SS A HAWAII GA	ARDEN REST.		
ADDRESS 00300	E PLYMOUTH S	ГКЕЕТ		
CITY/TOWN: H	IALIFAX	STATE: MA	ZIP CODE: 02338	
	ONG, CRISTO	TYPE OF LICENSE: Res	staurant CATEGOR'	Y: All Alcohol
EMAIL ADDRES	SS:			
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
	OF LICENSED PRI			
ON THE GROUN AND STORAGE		2 DINING ROOMS, 1 LO	OUNGE 4 RESTROOMS, KIT	rchen
I hereby certify ar	nd swear under pena	alties of perjury that:		
1. the ren	newed license will b	e of the same type for the	same premises now licensed;	
2. the lice	ensee has complied	with all laws of the Comr	nonwealth relating to taxes; an	d
3. the pre	emises are now open	n for business (If not expla	ain below)	
SIGNED BY				
	Individual, Pa	rtner or Authorized Corpo	orate Officer	
DATE:	TELEPI	HONE NUMBER:	EMPLOYER IDENTIFIC	
			(Note: NOT Individual Social	al Security Number)
Acts of 2004, sig	ned by the buildin	g inspector and the head	e certificate required by Cha d of the fire department for t trance required by Chapter 1	he above
Please Check Below:			LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved ex	kpiain)			
DATE:				



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LICENSE NUMBER: 048	400008		C	TTY OR TO	OWN	HALIFAX	(
APPLICATION FOR REI	NEWAL:	Annu	al	L	ICENS	SED FOR 2	2013
		CLAS	SS				YEAR
LICENSEE NAME: PEI	O. LTD						
DOING BUSINESS A A	LL SEASONS R	ESTAURAN	T AND S	SPORTS LO	OUNG	Е	
ADDRESS 327 PLYMOU	JTH STREET						
CITY/TOWN: HALIFAX	X	STATE:	MA	ZIP COD	E:	02338	
MANAGER: DOUCET M.	TE,JOHN TYP	E OF LICEN	SE:Resta	urant	CA	ATEGORY:	: All Alcohol
EMAIL ADDRESS:							
PLEASI	E ALSO VISIT OUR WEI	BSITE AND ENTER	YOUR EMAI	L ADDRESS			
DESCRIPTION OF LICE							
DINING ROOM ON LEF ENTRANCE, ONE SIDE						FRONT	
I hereby certify and swear	under penalties	of perjury tha	t:				
1. the renewed lic	ense will be of the	he same type	for the sa	me premise	s now	licensed;	
2. the licensee has	s complied with	all laws of the	e Commo	nwealth rela	ating to	taxes; and	
3. the premises ar	e now open for b	ousiness (If no	ot explain	below)			
SIGNED BY							
Ind	ividual, Partner	or Authorized	l Corpora	te Officer			
DATE:	TELEPHONE	E NUMBER:					TION NUMBER:
				(Note: N	OT Ind	ividual Social	Security Number)
We the undersigned, att Acts of 2004, signed by t named license and (2) th of 2010.	the building insp	pector and th	ne head o	f the fire d	epartn	nent for th	e above
Please Check Below:				LOCAL LI	CENS	ING AUTH	IORITY
APPROVED:				By:			
DISAPPROVED:							
(If disapproved explain)							
DATE:							



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	BER: 048400009		CITY	OR TOWN	HALIFAX		
APPLICATION	FOR RENEWAL:	Annua	ા	LICENSED FOR 2013			
		CLAS	S			YEAR	
	ME: AWLGS LLC ESS A LINDY'S GENEI	RAL STORE					
ADDRESS 134 I	HOLMES ST						
CITY/TOWN:	HALIFAX	STATE:	MA Z	IP CODE:	02338		
MANAGER: V	WORRALL, ADAM TYI	PE OF LICENS	SE:Package S	Store CA	ATEGORY:	Wine and Malt Regular	
EMAIL ADDRE	SS:						
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER Y	YOUR EMAIL ADI	DRESS		-	
DESCRIPTION	OF LICENSED PREMIS	SES:					
CONSISTING O	F ONE FLOOR AND T	WO ROOMS					
I hereby certify a	nd swear under penalties	of perjury that	:				
1. the re	newed license will be of	the same type f	for the same	premises now	licensed;		
2. the lic	censee has complied with	all laws of the	Commonwe	alth relating to	taxes; and		
3. the pr	remises are now open for	business (If no	t explain bel	ow)			
SIGNED BY							
	Individual, Partner	or Authorized	Corporate O	officer			
DATE:	TELEPHON	TELEPHONE NUMBER:		EMPLOYER	IDENTIFICAT	ION NUMBER:	
				(Note: NOT Indi	ividual Social S	ecurity Number)	
DI CI I D I							
Please Check Below: APPROVED:	<u>:</u>			CAL LICENS	ING AUTHO	ORITY	
DISAPPROVED).		By:				
(If disapproved e							
Tr -	1 /						
DATE:							



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 048400011		CITY OR TOWN	HALIFAX			
APPLICATION FO	R RENEWAL:	Annual	LICENSED FOR 2013				
		CLASS			YEAR		
LICENSEE NAME:	HALIFAX LAKE S	ΓREET, INC.					
DOING BUSINESS	A HARMONY TWO	LIQUORS					
ADDRESS 284 MO	NPONSETT STREET						
CITY/TOWN: HA	LIFAX	STATE: MA	ZIP CODE:	02338			
MANAGER: TON	NELLO, JOSEPHTYPE	E OF LICENSE: Pa	ckage Store CA	ATEGORY:	All Alcohol		
EMAIL ADDRESS:							
	PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS						
	LICENSED PREMISE						
	RAGE AND RETAIL AND LOADING DOC		MER ENTRANCE A	T FRONT;			
I hereby certify and	swear under penalties o	of perjury that:					
1. the renew	ved license will be of th	e same type for the	e same premises now	licensed;			
	see has complied with a		_	taxes; and			
3. the premi	ises are now open for b	usiness (If not expl	ain below)				
GIGNED DV							
SIGNED BY	Individual, Partner of	r Authorized Corp	orate Officer				
DATE:	TELEPHONE	NUMBER:			ION NUMBER:		
			(Note: NOT Ind	ividual Social S	ecurity Number)		
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY		
APPROVED:			By:				
DISAPPROVED: (If disapproved expl	ain)						
(11 disapproved expr	·····						
DATE:							



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LICENSE NU	MBER: 048400019		CITY OR TOWN HALIFA	X
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NA	AME: JENISH CONVEN	NIENCE INC.		
DOING BUSI	NESS A HALIFAX MOB	IL		
ADDRESS 57	6 PLYMOUTH ST			
CITY/TOWN:	HALIFAX	STATE: MA	ZIP CODE: 02338	
MANAGER:	PATEL, TY MAHENDRAKUM AR	PE OF LICENSE: Pac	ckage Store CATEGORY	Y: Wine and Malt Regular
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EN	MAIL ADDRESS	
	N OF LICENSED PREMI			
FRONT AND		LIVERIES; SIX DOC	OR HAS ONE ENTRANCE/E OR WALK IN COOLER; STO D OFFICE	
2. the		all laws of the Comm	same premises now licensed; nonwealth relating to taxes; and ain below)	1
SIGNED BY	Individual, Partne	r or Authorized Corpo	orate Officer	
DATE:	TELEPHON	NE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
Please Check Belo APPROVED:	ow:		LOCAL LICENSING AUTI By:	HORITY
DISAPPROVI (If disapproved				
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 048400020	CITY OR TOWN HALIFAX					
APPLICATION FOR RENEWAL: Annual	LICENSED FOR 2013					
CLASS	YEAR					
LICENSEE NAME: EVERGREEN BEVERAGE COMPA	ANY					
DOING BUSINESS A TWIN LAKES LIQUOR AND CO	NVENIENCE					
ADDRESS 655 MONPONSETT						
CITY/TOWN: HALIFAX STATE: M	A ZIP CODE: 02338					
MANAGER: MURPHY, TYPE OF LICENSE: FRANCIS J.	Package Store CATEGORY: All Alcohol					
EMAIL ADDRESS:						
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS					
DESCRIPTION OF LICENSED PREMISES:						
SALES AREA APPROX. 2,000 SQ. FT. STORAGE AREA: 260 SQ. FT. EGRESS IN FRONT & REAR OF BLDG.						
 the renewed license will be of the same type for the same premises now licensed; the licensee has complied with all laws of the Commonwealth relating to taxes; and the premises are now open for business (If not explain below) 						
SIGNED BY Individual, Partner or Authorized Co	rporate Officer					
DATE: TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)					
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)	LOCAL LICENSING AUTHORITY By:					
	-					
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 048400021	(CITY OR TOWN HALIFAX	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: UNIT 5 BAR,L	LC		
DOING BUSINESS A THE TEE BC	X		
ADDRESS 284 MONPONSETT ST			
CITY/TOWN: HALIFAX	STATE: MA	ZIP CODE: 02338	
MANAGER: DODERA, FRANCIS	ΓΥΡΕ OF LICENSE: Gene prem		Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR EMA	IL ADDRESS	
DESCRIPTION OF LICENSED PRE			
1,800 SQ. FT. UNIT CONSISTING OF THREE GOLF SIMULATOR AREA HALLWAY WITH THREE ENTANGED	S; UNIT HAS ONE ENTR	ANCE/EXIT ATTACHED T	O A
I hereby certify and swear under penal	ties of perjury that:		
1. the renewed license will be	of the same type for the same	ame premises now licensed;	
2. the licensee has complied v	with all laws of the Commo	onwealth relating to taxes; and	
3. the premises are now open	for business (If not explain	n below)	
SIGNED BY Individual, Par	tner or Authorized Corpora	nte Officer	
,	·		
DATE: TELEPH	ONE NUMBER:	EMPLOYER IDENTIFICA	TION NUMBER:
		(Note: NOT Individual Social	Security Number)
We the undersigned, attest that we Acts of 2004, signed by the building named license and (2) the certificat of 2010.	g inspector and the head o	of the fire department for the	e above
Please Check Below:		LOCAL LICENSING AUTH	ORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
			
DATE:			



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LICENSE NUMBER	R: 048400023		CITY	OR TOWN	HALIFAX	
APPLICATION FOR	R RENEWAL:	Annual		LICE	NSED FOR 2	013
		CLASS				YEAR
LICENSEE NAME:	D'S GRILLE 58 LLC					
DOING BUSINESS	A D'S GRILLE 58					
ADDRESS 284 MO	NPONSETT STREET	UNIT #4				
CITY/TOWN: HAI	LIFAX	STATE: MA	ZI	P CODE:	02338	
MANAGER: TRO	TTA,DEBRA L.TYPE	OF LICENSE: Re	estaurant	(CATEGORY:	All Alcohol
EMAIL ADDRESS:						
·	PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR I	EMAIL ADDI	RESS		_
DESCRIPTION OF	LICENSED PREMISES	S:				
	ISTING OF DINING F					
	WO STORAGE AREA					
	ONE EGRESS ON LEI ENT UPON OCCUPAN					10 3,848
CERTIFICATE FOR		CTTERUIT II	D DI II I	or r myor r		
I hereby certify and s	wear under penalties of	perjury that:				
1. the renew	ed license will be of the	same type for the	e same p	remises nov	w licensed;	
2. the license	ee has complied with al	l laws of the Com	monwea	lth relating	to taxes; and	
3. the premis	ses are now open for bu	siness (If not exp	lain belo	w)		
SIGNED BY	Individual, Partner or	Authorized Corp	orate Of	ficer		
D. 1.000						
DATE:	TELEPHONE 1	NUMBER:	0			ΠΟΝ NUMBER:
			(1	Note: NOT I	idividual Social S	Security Number)
Acts of 2004, signed	d, attest that we are in d by the building inspe (2) the certificate of lid	ector and the hea	d of the	fire depar	tment for the	above
Please Check Below:			LOC	AL LICEN	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved expla	nin)					
DATE:						
DATE.						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 048400024	•	CITY OR TOWN	HALIFAX	
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: BELLA'S PIZZER	IA II LLC			
DOING BUSINESS A BELLA'S PIZZE	RIA II SEAFOOD & O	GRILLE		
ADDRESS 319 PLYMOUTH STREET				
CITY/TOWN: HALIFAX	STATE: MA	ZIP CODE:	02338	
MANAGER: MUSCOLINO, TY	PE OF LICENSE: Rest	aurant C.	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EMA	AIL ADDRESS		-
DESCRIPTION OF LICENSED PREMI	SES:			
ONE FLOOR CONSISTING OF DINING RESTROOMS, ORDER COUNTER FOR TWO EGRESSES IN FRONT (LEFT AND ADDRESSES IN FRONT).	R PIZZA AND ONE FO	OR MARKET-API	PROX. 3400	
I hereby certify and swear under penalties	s of perjury that:			
1. the renewed license will be of	the same type for the s	ame premises now	licensed;	
2. the licensee has complied with	all laws of the Commo	onwealth relating t	o taxes; and	
3. the premises are now open for	business (If not explai	n below)		
SIGNED BY Individual, Partner	r or Authorized Corpor	ate Officer		
DATE: TELEBLION				TOWNER OPER
TELEPHON	IE NUMBER:	EMPLOYER (Note: <u>NOT</u> Inc		ION NUMBER:
		(rote. <u>rot</u> mc	ii viduai 50ciai 5	ceurity (vuilber)
We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of of 2010.	spector and the head	of the fire depart	ment for the	above
Please Check Below:		LOCAL LICENS	SING AUTHO	ORITY
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)				
		-		
DATE:				